109899

SEC 1972 Potential persons who are to respond to the collection of information contained in this form (6-02) are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden hours per response... 1

PROCECC

FORM D

NOTICE OF SALE OF SECURITIES THOMS 'PURSUANT TO REGULATION D, FINANCIAL SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix		Serial				
DAT	E RECEI	VED				
i						

Name of Offering ([] check if this is an amendment and name has changed, and indicated Sale of mineral and/or overriding royalty interests by Chevron U.S.A. Inc.	ate change.)
Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [x] Rule 506 [] Sec	ction 4(6) [] ULOE
Type of Filing: [x] New Filing [] Amendment	
A. BASIC IDENTIFICATION DATA	05045637
Enter the information requested about the issuer	Hage transport and the state of
Name of Issuer ([] check if this is an amendment and name has changed, and indica Chevron U.S.A. Inc.	ite change.)
Address of Executive Offices (Number and Street, City, State, Zip Code) Area Code)	Telephone Number (Including
1111 Bagby Street, Houston, TX 77002	(713) 752-7399
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Area Code)	Telephone Number (Including
(if different from Executive Offices) 6001 Bollinger Canyon Rd., San Ramon, CA 94583-2324	925-842-2802

Brief Description of Business Engage in all branches of the per through various divisions.		eral, geothermal and	other energy activities. Operations are carri	ed out	
Type of Business Organization	on				
[x] corporation	[] limited partnership,	already formed	[] other (please specify):		
[] business trust	[] limited partnership,	to be formed			
		Month Year			
Actual or Estimated Date of I	Incorporation or Organization	: [08] [1922]	[x] Actual [] Estimated		
Jurisdiction of Incorporation	or Organization: (Enter two-le CN for Canada;	etter U.S. Postal Se FN for other foreigr			

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[] Promoter [x] Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last nam Chevron U.S.A. Holdin		al)	december and a second and a super four manager upon garden and a second part of the second and a second a second		
Business or Residen 6001 Bollinger Canyor			City, State, Zip Cod	e)	
Check Box(es) that Apply:	[] Promoter [x] Beneficial Owner	[] Executive Officer	[] Director [General and/or Managing Partner
Full Name (Last nam Texaco Exploration an		al)			
Business or Residen 6001 Bollinger Canyor			City, State, Zip Cod	e)	•
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[x] Executive Officer	[x] Director [] General and/or Managing Partner
Full Name (Last nam Beebe, Lydia I.	e first, if individua	al)			
Business or Residen 6001 Bollinger Canyon			City, State, Zip Cod	e)	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[x] Director [General and/or Managing Partner
Full Name (Last nam Bindra, Jagjeet S.	e first, if individua	al)			
Business or Residen 6001 Bollinger Canyon			City, State, Zip Cod	e)	

Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[x] Executive Officer	[x] Director []	General and/or Managing Partner
Full Name (Last nam Foehr, Matthew J.	e first, if individu	ıal)			
Business or Residen 6001 Bollinger Canyon	,		et, City, State, Zip Coo 4	de)	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[x] Executive Officer	[x] Director[]	General and/or Managing Partner
Full Name (Last nam Thornton, Thomas R.	e first, if individu	ıal)			
Business or Residen 1111 Bagby St., Houst			et, City, State, Zip Cod	de)	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[x] Executive Officer	[x] Director []	General and/or Managing Partner
Full Name (Last nam Wilcox, Raymond I.	e first, if individu	ual)			
Business or Residen 1111 Bagby St., Houst	•		et, City, State, Zip Coo	de)	
(Us	se blank sheet,	or copy and ι	use additional copies	s of this sheet, as	necessary.)

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[x] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last nam Barry, Lisa B.	e first, if individua	al)			
Business or Residence 1401 Eye St. NW, Was			City, State, Zip Code)	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[x] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last nam Bennett, Paul V.	e first, if individua	il)			
Business or Residence 2005 Diamond Blvd., C			City, State, Zip Code)	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[x] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last nam Hagstrom, Gary H.	e first, if individua	ıl)		***************************************	ologiski ekikonomiski se kiri konomiski konomiski se kirili kirili kirili kirili kirili kirili kirili kirili k
Business or Residence 6001 Bollinger Canyon			City, State, Zip Code)	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[x] Executive Officer	[] Director [General and/or Managing Partner
Full Name (Last name Paul, Donald	e first, if individua	l)			
Business or Residence 6001 Bollinger Canyon			City, State, Zip Code)	

Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[x] Executive Officer	[] Director [] General and/or Managing Partner	
Full Name (Last name Payne, Haywood A.	e first, if individual)				
Business or Residence 2613 Camino Ramon, S	•		t, City, State, Zip Code	e)		***************************************
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[x] Executive Officer	[] Director [] General and/or Managing Partner	
Full Name (Last name Scott, Edward B.	e first, if individual)				
Business or Residence 6001 Bollinger Canyon				e)		***************************************
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[x] Executive Officer	[] Director [] General and/or Managing Partner	
Full Name (Last name Taylor, Walker C.	e first, if individual)				***************************************
Business or Residence 6001 Bollinger Canyon				e)		
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[x] Executive Officer	[] Director [] General and/or Managing Partner	www.eeseeseeseeseeseeseeseeseeseeseeseesees
Full Name (Last name Williams, Warner M.	e first, if individual)		u mana u man		
Business or Residence 9525 Camino Media, Ba			t, City, State, Zip Code	∋)		

							······································					
		1			B. INF	ORMAT	ION AB	OUT OF	FERING			
	the issug?	uer sold,	or does	the issu	er intend	to sell,	to non-a	ccredited	l investo	s in this	_	s No] [x]
Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?\$N/A												
3. Doe	s the of	fering pe	rmit join	t owners	hip of a s	single ur	nit?			••••	Yes [x	
directly conne- persor the na	y or indir ction wit n or ager me of th	rectly, ar h sales ont of a br e broker	ny commof securi oker or o or deale	ission or ties in the dealer re er. If mor	similar re offering gistered for the similar re	emuner g. If a pe with the ve (5) pe	ation for erson to b SEC an ersons to	n or will to solicitation listed ad/or with the be listed at/or with the belisted ation for the solicitation for t	on of pur is an ass a state d are ass	chasers ociated or states ociated	, list	
	ame (La: Net.com		first, if in	ndividual)							
Busine	ess or Re	esidence	Addres	s (Numb	er and S	treet, Ci	ity, State	, Zip Cod	de)			
		ciated Bi , Suite 31		Dealer llo, Texas	; 79106							
States	in Whic	h Persor	n Listed	Has Soli	cited or I	ntends t	o Solicit	Purchas	ers	<u></u>		
(Chec	k "All S	States" o	or check	individ	lual Stat	es)				[] All Sta	ates
[AL]x	[AK] x	[AZ]x	[AR] x	[CA]x	[CO] x	[CT]x	[DE]	[DC]	[FL] x	[GA] x	- [HI]	[ID] x
[IL] x	[IN] x	[IA] x		[KY] x			[MD] x		[MI] x		[MS] x	
[MT] x	[NE] x	[NV] x	[NH]	[NJ] x	[NM] x	[NY]	[NC]	[ND] x	[OH] x	[OK] x	[OR]	[PA] x
[RI]	[SC]	[SD] x	[TN]x	[TX] x	[UT] x	[VT]	[VA] x	[WA]	[WV] x	[WI] x	[WY] x	[PR]
Full Na	ame (La:	st name	first, if ir	ıdividual)							
Busine	ess or Re	esidence	Addres	s (Numb	er and S	treet, Ci	ity, State	, Zip Coo	de)			
Name	of Asso	ciated B	roker or	Dealer					<u></u>			
States	in Whic	h Persor	n Listed	Has Soli	cited or I	ntends t	o Solicit	Purchas	ers			
(Chec	k "All S	States" o	or check	individ	lual Stat	es)				[] All Sta	ntes
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[Wi]	[WY]	[PR]
Full Na	ame (La	st name	first, if in	idividual)								
Busine	ss or Re	esidence	Addres	s (Numb	er and S	treet, Ci	ty, State	, Zip Coo	de)			
Name	of Asso	ciated Bı	roker or	Dealer			***************************************					
					cited or I lual Stat			Purchas	ers	E] All Sta	ates

ILL [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] [VV] [
MT [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WV] [WV] [WV] [PR]	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Offering Price Sold Sol	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Offering Price Sold Sol	[MT]				• •	-	[NY]				-			
C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Debt Equity [] Common [] Preferred Convertible Securities (including warrants) Partnership Interests Other (Specify Mineral and/or Overriding Royalty Interests') Total Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Investors Accredited Inves	[RI]							• -		[WV]				
1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Offering Price Already Sold		(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)												
and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Offering Price Sold	: ::::::::::::::::::::::::::::::::::::	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS												
Type of Security Debt	and the trace	and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and												
Debt	_	f C	N==										Already	
Equity \$0 \$0 \$0 [] Common [] Preferred Convertible Securities (including warrants) \$0 \$0 Partnership Interests \$0 \$0 \$0 Other (Specify Mineral and/or Overriding Royalty Interests \$0 \$492.050.00 \$492.050.00 Total \$492.050.00 \$492.050.00 \$492.050.00 Answer also in Appendix, Column 3, if filling under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount of Purchases Accredited Investors 8 \$492,050.00 Non-accredited Investors 0 \$0 \$0			-								5010			
[] Common [] Preferred Convertible Securities (including warrants)														
Convertible Securities (including warrants) \$0 \$0 \$0 \$0 Partnership Interests \$0 \$0 \$0 Other (Specify Mineral and/or Overriding Royalty Interests \$1 \$0 \$492,050.00 \$492,050			_							+ <u>-</u>		`	 	
Other (Specify Mineral and/or Overriding Royalty Interests). \$ 492.050.00 \$ 492,05	(Convertib	le Secu	ırities (in	cluding	warrants	s)		••••	\$ <u>0</u>		\$	0	
Total			•							, <u>-</u>				
Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount of Purchases Accredited Investors Accredited Investors Non-accredited Investors 0 \$ 0 \$ 0	(
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount of Purchases Accredited Investors Accredited Investors Non-accredited Investors 0 \$ 0										\$ <u>49</u>	<u>2,050.00</u>	<u>)</u> \$	<u>492,050.00</u>	
	purch their p perso their p	2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount of Purchases Accredited Investors Non-accredited Investors Non-accredited Investors O \$ 0 \$ 0 \$ 0												
											N/A	\$	N/A	

Answer also in Appendix, Column 4, if filing under ULOE.

¹ Estimated sales occurring at an auction of the interests. THE COMPANY TAKES THE POSITION THAT THE INTERESTS OFFERED DO NOT MEET THE DEFINITION OF A SECURITY AND IS FILING THIS FORM D TO SECURE THE EXEMPTION PROVIDED BY RULE 506 IN THE EVENT THAT SUCH INTERESTS ARE DEEMED TO BE SECURITIES.

requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Type of offering Rule 505 Regulation A Rule 504 Total	N/A N/A N/A N/A N/A	Dollar ty Amount Sold \$ N/A \$ N/A \$ N/A \$ N/A
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees	[x] \$ <u>0</u>	
Printing and Engraving Costs	[x] \$ <u>0</u>	
Legal Fees Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately)	[x] \$ [x] \$ <u>0</u> [x] \$ <u>0</u> [] \$_1	2,460.25 4,761.50
Other Expenses (identify) Total	[x] \$ <u>0</u> [x] \$ <u>1</u>	7,221.75

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This

difference is the "adjusted gross proceeds to the issuer."

3. If this filing is for an offering under Rule 504 or 505, enter the information

[x] \$<u>474,828.25</u>

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Officers,	
	Directors, & Affiliates	Payments To Others
Salaries and fees	[x] \$ <u>0</u>	[x] \$ <u> </u>
Purchase of real estate	[x] \$ <u> 0 </u>	[x] \$ <u>0</u>
Purchase, rental or leasing and installation of machinery and equipment	[x] \$ <u> 0 </u>	[x] \$ <u> 0 </u>
Construction or leasing of plant buildings and facilities	[x] \$ <u> </u>	[x] \$ <u> 0 </u>
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[x] \$ <u> 0 </u>	[x] \$ <u> 0 </u>
Repayment of indebtedness	[x] \$ <u> 0 </u>	[x] \$ <u> 0 </u>
Working capital	[x] \$ <u> 0 </u>	[x] \$ <u>0</u>
Other (specify): General operating expenses	[x] \$ <u>237,414.13</u>	[x] \$ <u>237,414.12</u>
	[]\$	[]\$
Column Totals	[x]\$237,414.13	[x]\$237,414.12
Total Payments Listed (column totals added)	[x] <u>\$4</u>	74,828.25

Payments to

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
Chevron U.S.A. Inc.	Mart A For	2/22/05
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Martin H. Forman	Assistant Secretary	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)